

**DEPARTMENT OF MENTAL HEALTH
INVENTORY OF COUNTY 5150 DESIGNATED FACILITIES**



STATE OF CALIFORNIA

Department of Mental Health – Program Compliance Division
1600 9TH STREET, ROOM 410, SACRAMENTO, CA 95814
VOICE: (916) 651-3907 FAX: (916) 651-3925
WEBSITE: WWW.DMH.CA.GOV

COUNTY MENTAL HEALTH INFORMATION

(County)	(County Mental Health Director)	(Email Address)
(Number, Street, or Post Office Box)	(City)	(State) (Zip Code)
Telephone (Area Code/Number)		FAX (Area Code/Number)

COUNTY 5150 DESIGNATED 24-HOUR LICENSED INPATIENT HEALTH FACILITIES
(Do not include facilities that ARE NOT physically located in your county.)

FACILITY NAME	FACILITY ADDRESS	FACILITY PHONE NUMBER	NUMBER OF PSYCH. BEDS	FACILITY TYPE OR LICENSE

I HEREBY CERTIFY, to the best of my knowledge and belief, that this list is correct and complete and that each facility designated by this county for approval by DMH meets CCR, Title 9, Article 10, Section 663 minimum staff requirements for inpatient services.

(Signature of County Mental Health Director)	(Date)

COUNTY 5150 DESIGNATED OUTPATIENT PROGRAMS/SETTINGS, INCLUDING 23-HOUR PROGRAMS/SETTINGS, WITHIN OR ADJACENT TO 24-HOUR LICENSED ACUTE PSYCHIATRIC INPATIENT HEALTH FACILITIES WHICH ARE DESIGNATED AND APPROVED.
(Do not include facilities that ARE NOT physically located in your county.)

NOTE:

1. DMH will not approve free-standing outpatient settings, including 23-hour crisis stabilization settings as a 5150 facility, these facilities must be within or adjacent to a 24-hour facility that has been designated as a 5150 facility and approved by DMH.
2. Outpatient settings, including 23-hour settings, within or adjacent to 24-hour licensed acute psychiatric health facilities which are designated and approved, may be approved on a case-by-case basis since these settings can be similar to emergency rooms and observation units in hospitals with psychiatric units. WIC Section 5150 et. seq. authorizes the designation and approval of facilities, not individual units within facilities. Thus, it is reasonable to consider approving the designation of an outpatient setting, including 23-hour settings, if the site is part of a 24-hour licensed acute psychiatric inpatient health facility which is approved.

FACILITY NAME	FACILITY ADDRESS	FACILITY PHONE NUMBER	NUMBER OF PSYCH. BEDS OR DIALY CENSUS	FACILITY TYPE OR LICENSE

I HEREBY CERTIFY, to the best of my knowledge and belief, that this list is correct and complete and that each facility designated by this county for approval by DMH meets CCR, Title 9, Article 10, Section 663 minimum staff requirements for inpatient services.

(Signature of County Mental Health Director) _____ (Date) _____

OTHER TYPES OF COUNTY 5150 DESIGNATED FACILITIES
(Do not include facilities that ARE NOT physically located in your county.)

FACILITY NAME	FACILITY ADDRESS	FACILITY PHONE NUMBER	NUMBER OF PSYCH. BEDS OR DIALY CENSUS	FACILITY TYPE OR LICENSE

(Signature of County Mental Health Director) _____ (Date) _____

To discontinue a 5150 Designation:
 Send a letter to the address above stating that your county wishes to remove the specified facility from their designated 5150 facility list and include the facility information in the letter.

For Department of Mental Health Use Only	
Date Form Received _____	Initials _____
Date Information Entered in Statewide Database _____	Initials _____

PLEASE RETURN THIS FORM ON OR BEFORE: _____

Return to: Tricial Bragg, Staff Mental Health Specialist,
 Department of Mental Health
 ATTN: Tricial Bragg, Staff Mental Health Specialist
 Program Compliance Division - Licensing and Certification Branch
 1600 9th Street, Room 410, Sacramento, CA 95814

E-mail: tricial.bragg@dmh.ca.gov

Phone: (916) 651-3907

FAX: (916) 651-3925

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